



STATE OF NEBRASKA

Department of Health and Human Services
Regulation and Licensure - Credentialing Division
P.O. Box 94986 - Lincoln, Nebraska 68509-4986
Telephone #: 402-471-2117

APPLICATION FOR CERTIFICATION AS A SOCIAL WORKER (CSW)

(Print or Type)

SECTION A – PERSONAL INFORMATION (All applicants must complete this section) This section is public information and will be displayed on the INTERNET (http://www.hhs.state.ne.us/lis/lisindex.htm)				
1.	Name:	First:	Middle/MI:	Last:
2.	Mailing Address:	Street/PO/Route:		
		City:	State:	Zip:
3.	Date of Birth:		Place of Birth:	
4.	Social Security #: (this is NOT public information and will not be on the Internet) It is required for child support enforcement purposes; and for potential disclosure of reportable actions to the Federal department of Health and Human Service's Healthcare Integrity and Protection Data Bank (HIPDB)			
5.	Telephone #:			

(If your transcript does not verify proof of age, submit verification of age of majority, i.e.: birth certificate, marriage license, driver's abstract, or similar documentation)

SECTION B – EDUCATION (All applicants must complete this section and submit or cause to be submitted an Official transcript of a baccalaureate or master's degree in social work.)				
<input type="checkbox"/>	Transcript attached			
<input type="checkbox"/>	Transcript forwarded separately:	Last name on the transcript:		
Institution Name				
Address		Street/PO/Route:		
		City:	State:	Zip:
Institution Accredited by: (Name of Accrediting Body)				
Month and Year degree granted:		Degree:	Major:	

SECTION C –APPLICATION CATEGORY Check the appropriate method by which you are applying for certification as a social worker (CSW)
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Check all categories that apply:

- ☐ Initial Certification
- ☐ Certification in Another Jurisdiction (State) - Reciprocity

Required Fee

See Chart Below

See Chart Below

Check the following chart to determine the fee you must submit.

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Even	\$26.00	\$26.00	\$26.00	\$26.00	\$26.00	\$26.00	\$26.00	\$26.00	\$27.00	\$27.00	\$27.00	\$27.00
Odd	\$27.00	\$27.00	\$27.00	\$27.00	\$27.00	\$27.00	\$27.00	\$27.00	\$26.00	\$26.00	\$26.00	\$26.00

Make payable to: Credentialing Division

All certificates expire 9/1 of even years

SECTION D - APPLICANT AFFIDAVIT (The applicant must complete this section)

Applicant Must Complete the following:

Question	Yes	No	Type of Crime or Licensure Action	Date of Action	Name of Court (City/County/State) or Entity taking Action
Have you ever been convicted of a misdemeanor or felony?	<input type="checkbox"/>	<input type="checkbox"/>			
Has disciplinary action been taken against your license or certification?	<input type="checkbox"/>	<input type="checkbox"/>			

If you answered YES to any of the questions above, you must request the following documents be sent directly to this office:

- Official Court Record, which includes charges and disposition
- BAC Level (if the conviction was alcohol related)
- All addiction/mental health evaluations (if the conviction involved a drug and/or alcohol related offense)
- If you are/were on probation, a letter from your probation officer referencing your probationary progress or date of release
- Official Documents from the State Board in which the disciplinary action was taken

Question	Yes	No		
Are you licensed or certified in another state?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what State are you licensed in?	
Have you ever surrendered your license or certification?	<input type="checkbox"/>	<input type="checkbox"/>	Type of Licensure Action	Date of Action
Has action been taken to suspend or revoke your license or certification?	<input type="checkbox"/>	<input type="checkbox"/>		

If you answered YES to any of the questions above, you must request the following documents be sent directly to this office:

- Official Documents from the State Board in which the disciplinary action was taken
- Certification of your license/certificate in another state, (Attachment D1).

SECTION E – ATTESTATION (The applicant must complete this section)

I hereby state that I am the person making application, I am of good moral character, and the statements on this application are true and complete.

I further state that:

- ☐ I have not represented myself as a social worker in Nebraska prior to this application for licensure; **or**
- ☐ I have represented myself as a social worker for ____ number of days in Nebraska prior to this application for licensure (does not include internship time).

(Signature of Applicant)

(Date)

SECTION F - RECIPROCITY; LICENSURE ISSUED ON THE BASIS OF A LICENSE OR CERTIFICATE IN ANOTHER JURISDICTION (Complete this section if you hold a license or certificate to practice Social Work in another jurisdiction and are applying for certification by reciprocity. **(Attachment D3 must be completed by the State(s) in which you are licensed/certified)**)

1. Name of Agency Issuing License: _____
2. Date Issued: _____ License Number: _____
3. Have you been in an accepted residency or graduate program for one year of the three years immediately preceding the date of an application for Nebraska license? Yes ☐ No ☐

3A. If in an accepted residency or graduate program, provide the name of the facility or graduate program, address, and dates actively engaged in the practice of social work. (Use an additional sheet if space is inadequate.)

Facility/Graduate Program Name:	Name:		
Address:	Street/PO/Route:		
	City:	State:	Zip:
Dates engaged in Practice:	From (month/day/year):	To (month/day/year):	

4. Have you been in active and continuous practice social work under license by examination in the state, territory, or District of Columbia from which you come for **at least one year following the issuance of such license**? Yes ☐ No ☐
Have you been in the active and continuous practice of social work under such license **for one year of the three years immediately** preceding the date of an application for Nebraska license? Yes ☐ No ☐

4A. Give location, address, and dates actively engaged in the practice of social work. (Use an additional sheet if space is inadequate.)

Facility Name:	Name:		
Address:	Street/PO/Route:		
	City:	State:	Zip:
Dates engaged in Practice:	From (month/day/year):	To (month/day/year):	

Facility Name:	Name:		
Address:	Street/PO/Route:		
	City:	State:	Zip:
Dates engaged in Practice:	From (month/day/year):	To (month/day/year):	

5. Have you requested that a certification (***Attachment A3***) of your social work license be sent to Nebraska? Yes ☐ No ☐

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RECIPROCITY
CERTIFICATION OF SOCIAL WORK
LICENSE/CERTIFICATE

CERTIFICATION OF SOCIAL WORK LICENSE/CERTIFICATION (CSW)

(Must be completed by licensing agency - Print or Type)

Our records indicate that _____ was licensed or certified as a _____
 (Applicant's Name)

on _____; that said license or certificate number is _____ and expires _____

Requirements for licensure or certification in _____ at the time this license or certificate was issued were:
 (Issuing State)

And are currently:

(you may attach copies of regulations/requirements for licensure or certification in lieu of completing the above)

It is further verified that based on records in this Department the applicant's license or certificate has:

- (a) been denied Yes ☐ No ☐;
 (b) been refused renewal Yes ☐ No ☐;
 (c) had other disciplinary action Yes ☐ No ☐;

If yes to any of the above, please explain:

(d) has been maintained in good standing up to and including the present date Yes ☐ No ☐

Date: _____

 Name and Title

 Licensing Agency

Telephone #: (_____) _____
 Area Code

 Address

S E A L

 City/State/Zip Code

 Signature (No stamp)